

ARIZONA DEPARTMENT OF RACING
1110 W. Washington, Suite 260
Phoenix, AZ 85007
Telephone (602) 364-1700

NOTICE
THIS TEMPORARY LICENSE IS VALID FOR UP TO 90 DAYS. IT MAY BE REVOKED WITHOUT A HEARING WITHIN THIS TIME PERIOD IF THE INFORMATION RECEIVED DURING THE APPLICANT'S BACKGROUND INVESTIGATION DOES NOT ALLOW MAKING IT PERMANENT. THE PERMANENT LICENSE WILL EXPIRE ON THE LAST DAY OF : _____

PLEASE TYPE OR PRINT IN INK

APPLICATION FOR STABLE - KENNEL NAME

<input type="checkbox"/> STABLE NAME <input type="checkbox"/> KENNEL NAME	<input type="checkbox"/> CORPORATION (Complete A & C) <input type="checkbox"/> JOINT INTEREST OWNERSHIP (Complete B & C) <input type="checkbox"/> NOT A CORPORATION
ISSUING TRACK	APPLICATION DATE
A name other than an owner's legal name for racing purposes shall be a Stable/Kennel name and shall be carried on the official program as the name of the owner(s). A licensed owner(s) shall not be a party to more than one Stable/Kennel name at one time and shall not use such owner's legal name for racing purposes if such owner is a part of a Stable/Kennel name in Arizona	
STABLE/KENNEL NAME	TAX I.D. NUMBER
STREET ADDRESS	
CITY	STATE ZIP CODE
PHONE NO.	TRAINER
IT IS STIPULATED AND AGREED THAT ANY NOTICE, CORRESPONDENCE OR PAPERS OF ANY NATURE ADDRESSED TO THE STABLE/KENNEL NAME FROM THE ARIZONA DEPARTMENT OF RACING IS TO BE SENT TO THE ABOVE ADDRESS.	

FOR OFFICIAL USE ONLY
LICENSE NO. ISSUED
DATE OF ISSUE
LICENSE FEE \$ _____ Fee Paid By <input type="checkbox"/> CASH <input type="checkbox"/> CHECK/M.O.
CHANGE OR OVERPAYMENT
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
COMMENT

SECTION A IF A CORPORATION, THE FOLLOWING ATTACHMENTS ARE REQUIRED:

- ☐ Articles of Incorporation
- ☐ List all Directors, Officers, Stockholders AND all persons whose ownership exceeds 10% of the corporation represented by this stable/kennel name (ALL such persons must be licensed individually as an "OWNER". Complete Section C).
- ☐ ADOR Authorized Agent Appointment(s), fully executed by ALL persons requiring licenses for this application, appointing ONE person to act as the Authorized Agent for the stable/kennel name.

PRINT OR TYPE NAME OF AUTHORIZED AGENT

ADOR AUTHORIZED AGENT LICENSE No.

SECTION B IF A JOINT INTEREST OWNERSHIP, THE FOLLOWING ATTACHMENTS ARE REQUIRED:
(Racing under and using other than legal name of owner's on official program)

- ☐ List each owner indicating percentage of ownership and with a fully executed ADOR license application for each.
- ☐ ADOR Authorized Agent Appointment(s), fully executed by all persons listed in this application, appointing ONE person to act as the Authorized Agent for the stable or kennel name.

PRINT OR TYPE NAME OF AUTHORIZED AGENT

ADOR AUTHORIZED AGENT LICENSE No.

SECTION C

NAME OF DIRECTOR, OFFICER, STOCKHOLDER, OR OWNER	PERCENTAGE OWNED	TO BE COMPLETED BY AN ADOR EMPLOYEE
		ADOR OWNER'S LICENSE NUMBER

(USE ADDITIONAL BLANK SHEETS IF NECESSARY)

→ COMPLETE OTHER SIDE ←

**A FALSE ANSWER OR INCOMPLETE ANSWER TO ANY QUESTION REQUIRED IN THIS APPLICATION
CONSTITUTES GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION OF YOUR LICENSE**

The undersigned hereby makes application for a license to be issued in accordance with the terms and provisions of the rules of the Arizona Racing Commission. The undersigned certifies that all the foregoing statements are true and correct to the best of their knowledge. The undersigned having read the complete application understands that this license may be denied and that the applicant may be charged with a criminal offense for knowingly making any false statements or omissions on this application. The issuance of a license by the Department does not necessarily entitle the holders to any rights or privileges at the premises of any track licensed by the Department. Notification to the Department for change of address is the sole responsibility of the undersigned. Search of persons, vehicles, tack rooms, stable area rooms, stalls or enclosures may be made by representatives of the Department while on the grounds under the supervision of the Department. If payment of fees is made by check and that check is not on a valid account or drawn without sufficient funds, the license issued shall be null and void and an automatic fine of \$25.00 shall be imposed.

I CERTIFY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

X_____

SIGNATURE MUST BE NOTARIZED UNLESS SIGNED IN
THE PRESENCE OF AN EMPLOYEE OF THE
ARIZONA DEPARTMENT OF RACING

STATE OF _____)
)ss
COUNTY OF _____)

EMPLOYEE - ARIZONA DEPARTMENT OF RACING

SUBSCRIBED AND SWORN to before me this

_____ day of _____, _____.

NOTARY PUBLIC SIGNATURE AND SEAL/STAMP

My Commission Expires _____

EXAM TECH

PROCESSED

INVESTIGATOR

REVIEWED

INTERVIEWED

BOARD OF STEWARDS

APPROVED

DENIED